NPQR Quality Payment Program (QPP) Measures

21_200216_JP

MEASURE TITLE: Breast Cancer Resection Pathology Reporting pT Category (Primary Tumor) and pN Category (Regional Lymph Nodes) with Histologic Grade

MEASURE DESCRIPTION: Percentage of breast cancer resection pathology reports that include the pT category (primary tumor), the pN category (regional lymph nodes), and the histologic grade

DENOMINATOR: All breast cancer resection pathology reports (excluding biopsies)

Denominator Criteria (Eligible Cases): Diagnosis for breast cancer (ICD-10-CM): C50.011, C50.012, C50.019, C50.021, C50.022, C50.029, C50.111, C50.112, C50.119, C50.121, C50.122, C50.129, C50.211, C50.212, C50.219, C50.221, C50.222, C50.229, C50.311, C50.312, C50.319, C50.321, C50.322, C50.329, C50.411, C50.412, C50.419,C50.421, C50.422, C50.429, C50.511, C50.512, C50.519, C50.521, C50.522, C50.529, C50.611, C50.612,C50.619, C50.621, C50.622, C50.629, C50.811, C50.812, C50.819, C50.821, C50.822, C50.829, C50.911,C50.912, C50.919, C50.921, C50.922, C50.929 AND Patient procedure during the performance period (CPT): 88307, 88309

DENOMINATOR EXCLUSION: Specimen site is other than anatomic location of primary tumor: G8723

NUMERATOR: Reports that include the pT category, the pN category and the histologic grade

Numerator Options:

Performance Met: pT category (primary tumor), pN category (regional lymph nodes), and histologic grade documented in pathology report (3260F)

OR

Denominator Exception: Documentation of medical reason(s) for not including the pT category, the pN category or the histologic grade in the pathology report (eg, re-excision without residual tumor, non-carcinomas) (3260F with 1P)

OR

Performance Not Met: pT category, pN category, and histologic grade were not documented in pathology report, reason not otherwise specified (3260F with 8P)

RATIONALE: Therapeutic decisions for breast cancer management are stage driven and cannot be made without a complete set of pathology descriptors. Incomplete cancer resection pathology reports may result in misclassification of patients, rework and delays, and suboptimal management.

OUTCOME OR HIGH PRIORITY?: No

MEASURE TITLE: Colorectal Cancer Resection Pathology Reporting: pT Category (Primary Tumor) and pN Category (Regional Lymph Nodes) with Histologic Grade

MEASURE DESCRIPTION: Percentage of colon and rectum cancer resection pathology reports that include the pT category (primary tumor), the pN category (regional lymph nodes) and the histologic grade

DENOMINATOR: All colon and rectum cancer resection pathology reports

Denominator Criteria (Eligible Cases): Diagnosis for colon or rectum cancer (ICD-10-CM): C18.0, C18.1, C18.2, C18.3, C18.4, C18.5, C18.6, C18.7, C18.8, C18.9, C19, C20, C21.2, C21.8 AND Patient procedure during the performance period (CPT): 88309

DENOMINATOR EXCLUSION: Specimen site other than anatomic location of primary tumor: G8723

NUMERATOR: Reports that include the pT category, the pN category and the histologic grade

Numerator Options:

Performance Met: pT category (primary tumor), pN category (regional lymph nodes), and histologic grade were documented in pathology report (G8721)

OR

Denominator Exception: Documentation of medical reason(s) for not including the pT category, the pN category or the histologic grade in the pathology report (e.g., re-excision without residual tumor; non-carcinomas, anal canal) (G8722)

OR

Performance Not Met: pT category, pN category and histologic grade were not documented in the pathology report, reason not given (G8724)

RATIONALE: Therapeutic decisions for colorectal cancer management are stage driven and cannot be made without a complete set of pathology descriptors. Incomplete cancer resection pathology reports may result in misclassification of patients, rework and delays, and suboptimal management.

OUTCOME OR HIGH PRIORITY?: No

MEASURE TITLE: Barrett's Esophagus

MEASURE DESCRIPTION: Percentage of esophageal biopsy reports that document the presence of Barrett's mucosa that also include a statement about dysplasia

DENOMINATOR: All surgical pathology biopsy reports for Barrett's Esophagus

Denominator Criteria (Eligible Cases): Diagnosis for Barrett's esophagus (ICD-10-CM): K22.70, K22.710, K22.711, K22.719 AND Patient procedure during the performance period (CPT): 88305

DENOMINATOR EXCLUSION: Specimen site other than anatomic location of esophagus: G8797

NUMERATOR: Esophageal biopsy report documents the presence of Barrett's mucosa and includes a statement about dysplasia

Numerator Options:

Performance Met: Esophageal biopsy reports with the histological finding of Barrett's mucosa that contains a statement about dysplasia (present, absent, or indefinite and if present, contains appropriate grading) (3126F)

OR

Denominator Exception: Documentation of medical reason(s) for not submitting the histological finding of Barrett's mucosa (e.g., malignant neoplasm or absence of intestinal metaplasia) (3126F with 1P)

OR

Performance Not Met: Pathology report with the histological finding of Barrett's mucosa that does not contain a statement about dysplasia (present, absent, or indefinite, and if present, contains appropriate grading), reason not otherwise specified (3126F with 8P)

RATIONALE: Endoscopy is the technique of choice used to identify suspected Barrett's esophagus and to diagnose complications of GERD. Biopsy must be added to confirm the presence of Barrett's epithelium and to evaluate for dysplasia.

There is a rapidly rising incidence of adenocarcinoma of the esophagus in the United States. A diagnosis of Barrett's esophagus increases a patient's risk for esophageal adenocarcinoma by 30 to 125 times that of people without Barrett's esophagus (although this risk is still small 0.4% to 0.5% per year). Esophageal adenocarcinoma is often not curable, partly because the disease is frequently discovered at a late stage and because treatments are not effective. A diagnosis of Barrett's esophagus could allow for appropriate screening of at risk patients as recommended by the American College of Gastroenterology.

Standard endoscopy with biopsy currently is the most reliable means of establishing a diagnosis of Barrett's esophagus. The definitive diagnosis of Barrett's esophagus requires a pathologist's review of an esophageal biopsy. Dysplasia is the first step in the neoplastic process, and information about dysplasia is crucial for clinical decision-making directing therapy. The presence and grade of dysplasia cannot be determined by routine endoscopy, and pathologist's review of a biopsy is essential for recognition of dysplasia. Endoscopic surveillance detects curable neoplasia in patients with Barrett's esophagus.

OUTCOME OR HIGH PRIORITY?: No

MEASURE TITLE: Radical Prostatectomy Pathology Reporting

MEASURE DESCRIPTION: Percentage of radical prostatectomy pathology reports that include the pT category, the pN category, the Gleason score and a statement about margin status

DENOMINATOR: All radical prostatectomy surgical pathology examinations performed during the measurement period for prostate cancer patients

Denominator Criteria (Eligible Cases): Diagnosis for malignant neoplasm of prostate (ICD-10-CM): C61 AND Patient procedure during the performance period (CPT): 88309

DENOMINATOR EXCLUSION: Specimen site other than anatomic location of prostate: G8798

NUMERATOR: Radical Prostatectomy reports that include the pT category, the pN category, Gleason score and a statement about margin status

Numerator Options:

Performance Met: Pathology report includes pT category, pN category, Gleason score and statement about margin status (3267F)

OR

Denominator Exception: Documentation of medical reason(s) for not including pT category, pN category, Gleason score and statement about margin status in the pathology report (e.g., specimen originated from other malignant neoplasms, transurethral resections of the prostate (TURP), or secondary site prostatic carcinomas) (3267F with 1P)

OR

Performance Not Met: pT category, pN category, Gleason score and statement about margin status were not documented in pathology report, reason not otherwise specified (3267F with 8P)

RATIONALE: Therapeutic decisions for prostate cancer management are stage driven and cannot be made without a complete set of pathology descriptors. Incomplete pathology reports for prostate cancer may result in misclassification of patients, rework and delays, and suboptimal management.

OUTCOME OR HIGH PRIORITY?: No

MEASURE TITLE: Quantitative Immunohistochemical (IHC) Evaluation of Human Epidermal Growth Factor Receptor 2 Testing (HER2) for Breast Cancer Patients

MEASURE DESCRIPTION: This is a measure based on whether quantitative evaluation of Human Epidermal Growth Factor Receptor 2 Testing (HER2) by immunohistochemistry (IHC) uses the system recommended in the current ASCO/CAP Guidelines for Human Epidermal Growth Factor Receptor 2 Testing in breast cancer

DENOMINATOR: All breast cancer patients with quantitative breast tumor evaluation by HER2 IHC

Denominator Criteria (Eligible Cases): Diagnosis for breast cancer (ICD-10-CM): C50.011, C50.012, C50.019, C50.021, C50.022, C50.029, C50.111, C50.112, C50.119, C50.121, C50.122, C50.129, C50.211, C50.212, C50.219, C50.221, C50.222, C50.229, C50.311, C50.312, C50.319, C50.321, C50.322, C50.329, C50.411, C50.412, C50.419, C50.421, C50.422, C50.429, C50.511, C50.512, C50.519, C50.521, C50.522, C50.529, C50.611, C50.612, C50.619, C50.621, C50.622, C50.629, C50.811, C50.812, C50.819, C50.821, C50.822, C50.829, C50.911, C50.912, C50.919, C50.921, C50.922, C50.929 AND Patient procedure during the performance period (CPT): 88360, 88361

DENOMINATOR EXCLUSION: Quantitative non-HER2 IHC evaluation (eg, testing for estrogen or progesterone receptors, [ER/PR]) performed: 3395F

NUMERATOR: Breast cancer patients receiving quantitative breast tumor HER2 IHC evaluation using the ASCO/CAP recommended manual system or a computer-assisted system consistent with the optimal algorithm for HER2 testing as described in the current ASCO/CAP guideline

Numerator Options:

Performance Met: Quantitative HER2 by IHC evaluation consistent with scoring system defined in the ASCO/CAP guidelines (3394F)

OR

Performance Not Met: Quantitative evaluation of HER2 did not use the system recommended in the ASCO/CAP Guidelines for Human Epidermal Growth Factor Receptor 2 Testing in breast cancer, reason not otherwise specified (3394F with 8P)

RATIONALE: Through a cooperative effort with the American Society of Clinical Oncologists (ASCO) and the CAP, new guidelines for Human Epidermal Growth Factor 2 testing in breast cancer were published in January 2007 and then revised in 2013. The ASCO/CAP Guideline recommendations for quantitative HER2 IHC evaluation were designed to enhance concordance with FISH assays for HER2 Amplified and Non-amplified tumor status. The recommendations are different from those provided by HER2 antibody manufacturers and compliance is likely to be considerably less than 100%. Implementation of Guideline scoring would promote uniformity and quality among interpreting pathologists.

OUTCOME OR HIGH PRIORITY?: No

MEASURE TITLE: Lung Cancer Reporting (Biopsy/Cytology Specimens)

MEASURE DESCRIPTION: Pathology reports based on biopsy and/or cytology specimens with a diagnosis of primary non-small cell lung cancer classified into specific histologic type or classified as NSCLC-NOS with an explanation included in the pathology report

DENOMINATOR: Biopsy and cytology specimen reports with a diagnosis of primary non-small cell lung cancer

Denominator Criteria (Eligible Cases): Patients ≥ 18 years of age on date of encounter AND Diagnosis for lung cancer (ICD-10-CM): C34.00, C34.01, C34.02, C34.10, C34.11, C34.12, C34.2, C34.30, C34.31, C34.32, C34.80, C34.81, C34.82, C34.90, C34.91,C34.92 AND Patient encounter during performance period (CPT): 88104, 88108, 88112, 88173, 88305

DENOMINATOR EXCLUSION: Specimen sites other than anatomic location of lung or is not classified as primary non-small cell lung cancer: G9420

NUMERATOR: Biopsy and cytology specimen reports with a diagnosis of primary non-small cell lung cancer classified into specific histologic type (squamous cell carcinoma, adenocarcinoma) OR classified as NSCLC-NOS with an explanation included in the pathology report

Numerator Options:

Performance Met: Primary non-small cell lung cancer biopsy and cytology specimen report documents classification into specific histologic type OR classified as NSCLCNOS with an explanation (G9418)

OR

Denominator Exception: Documentation of medical reason(s) for not including the histological type OR NSCLC-NOS classification with an explanation (e.g., biopsy taken for other purposes in a patient with a history of primary non-small cell lung cancer or other documented medical reasons) (G9419)

OR

Performance Not Met: Primary non-small cell lung cancer biopsy and cytology specimen report does not document classification into specific histologic type OR classified as NSCLC-NOS with an explanation (G9421)

RATIONALE: Lung cancer is the most frequent cause of major cancer incidence and mortality worldwide. The classifications of lung cancer published by the World Health Organization (WHO) in 1967, 1981, and 1999 were written primarily by pathologists for pathologists. Only in the 2004 revision, relevant genetics and clinical information were introduced. Nevertheless, because of remarkable advances over the last 6 years in our understanding of lungadenocarcinoma, particularly in area of medical oncology, molecular biology, and radiology, there is a pressing need for a revised classification, based not on pathology alone, but rather on an integrated multidisciplinary platform.

For the first time, this classification addresses an approach to small biopsies and cytology in lung cancer diagnosis. Recent data regarding EGFR mutation predicting responsiveness to EGFR-TKIs, toxicities, and therapeutic efficacy have established the importance of distinguishing squamous cell carcinoma from adenocarcinoma and non-small cell lung carcinoma (NSCLC) not otherwise specified (NOS) in patients with advanced lung cancer. Approximately 70% of lung cancers are diagnosed and staged by small biopsies or cytology rather than surgical resection specimens, with increasing use of transbronchial needle aspiration (TBNA), endobronchial ultrasound-guided TBNA and esophageal ultrasound-guided needle aspiration. Within the NSCLC group, most pathologists can identify well- or moderately-differentiated squamous cell carcinomas or adenocarcinomas, but specific diagnoses are moredifficult with poorly differentiated tumors. Nevertheless, in small biopsies and/or cytology specimens, 10 to 30% of specimens continue to be diagnosed as NSCLC-NOS.

OUTCOME OR HIGH PRIORITY?: Outcome

MEASURE TITLE: Lung Cancer Reporting
(Resection Specimens)

MEASURE DESCRIPTION: Pathology reports based on resection specimens with a diagnosis of primary lung carcinoma that include the pT category, pN category and for non-small cell lung cancer, histologic type

DENOMINATOR: Pathology reports for resection specimens for primary lung carcinoma

Denominator Criteria (Eligible Cases): Patients ≥18 years of age on date of encounter AND Diagnosis for lung cancer (ICD-10-CM): C34.00, C34.01, C34.02, C34.10, C34.11, C34.12, C34.2, C34.30, C34.31, C34.32, C34.80, C34.81, C34.82, C34.90, C34.91,C34.92 AND Patient procedure during performance period (CPT): 88309

DENOMINATOR EXCLUSION: Specimen site other than anatomic location of lung, OR classified as NSCLC-NOS: G9424

NUMERATOR: Pathology reports based on resection specimens with a diagnosis of primary lung carcinoma that include the pT category, pN category and for non-small cell lung cancer, histologic type (squamous cell carcinoma, adenocarcinoma and NOT NSCLC-NOS)

Numerator Options:

Performance Met: Primary non-small cell lung cancer biopsy and cytology specimen report documents classification into specific histologic type OR classified as NSCLCNOS with an explanation (G9418)

OR

Denominator Exception: Documentation of medical reason for not including pT category, pN category and histologic type [For patient with appropriate exclusion criteria (e.g. metastatic disease, benign tumors, malignant tumors other than carcinomas, inadequate surgical specimens)] (G9423)

OR

Performance Not Met: Primary lung carcinoma resection report does not document pT category, pN category and for Non-small Cell Lung Cancer, Histologic Type (Squamous Cell Carcinoma, Adenocarcinoma) (G9425)

RATIONALE: The TNM staging revisions (AJCC 7th edition) became effective for all new cases diagnosed after January 1, 2010. The new staging system is applicable to both NSCLC and, for the first time, SCLC. There are significant changes in staging, particularly in T3 for NSCLC. For these reasons, we believe a gap exists in the appropriate and consistent use of the new pT standards for lung cancer

OUTCOME OR HIGH PRIORITY?: Outcome

MEASURE TITLE: Melanoma Reporting

MEASURE DESCRIPTION: Pathology reports for primary malignant cutaneous melanoma that include the pT category and a statement on thickness and ulceration and for pT1, mitotic rate

DENOMINATOR: All melanoma pathology reports for primary malignant cutaneous melanoma

Denominator Criteria (Eligible Cases): Patients ≥ 18 years of age on date of encounter AND Diagnosis for malignant cutaneous melanoma (ICD-10-CM): C43.0, C43.20, C43.21, C43.22,C43.30, C43.31, C43.39, C43.4, C43.51, C43.52, C43.59, C43.60, C43.61, C43.62, C43.70, C43.71, C43.72, C43.8, C43.9 AND Patient encounter during performance period (CPT): 88305

DENOMINATOR EXCLUSION: Specimen site other than anatomic cutaneous location: G9430

NUMERATOR: Pathology reports for primary malignant cutaneous melanoma that include the pT category and a statement on thickness and ulceration and for pT1, mitotic rate

Numerator Options:

Performance Met: Pathology report includes the pT Category and a statement on thickness and ulceration and for pT1, mitotic rate (G9428)

OR

Denominator Exception: Documentation of medical reason(s) for not including pT Category and a statement on thickness and ulceration and for pT1, mitotic rate (e.g., negative skin biopsies in a patient with a history of melanoma or other documented medical reasons) (G9429)

OR

Performance Not Met: Pathology report does not include the pT Category and a statement on thickness and ulceration and for pT1, mitotic rate (G9431)

RATIONALE: In the evidence-based derivation of the 2010 AJCC staging system, mitotic rate greater than or equal to 1 per mm2 was independently associated with worse disease-specific survival, especially in patients with melanoma less than or equal to 1.0 mm thick. As such, mitotic rate has replaced Clark level as a criterion for upstaging patients with melanomas less than or equal to 1.0 mm in thicknesses from IA to IB.

Until now, routine histopathologic reporting of primary melanomas has infrequently included an assessment of mitotic rate. Even in a geographic area with a high melanoma incidence, such as Queensland, Australia, fewer than 50% of pathology reports on primary melanomas documented mitotic rate in a recent study assessing the completeness of histopathologic reporting of melanoma. Similarly, in another recently published study undertaken at the H. Lee Moffitt Cancer Center in Florida, 47% of outside pathology reports for patients with thin (<=1 mm) or in situ melanoma did not mention mitotic rate. Moreover, clinicians involved in the care of patients with primary melanomas have not generally considered mitotic rate as an important factor to be considered when discussing prognosis with patients and planning their treatment.

In addition to the specific gap noted above, recent research and the publication of new guidelines in 2012 indicate newer tumor characteristics for more precise staging with implications for treatment outcomes. For these reasons, we believe there is a gap in reporting of these new characteristics in melanoma pathology reports. (CAP Performance Measures Working Group)

OUTCOME OR HIGH PRIORITY?: Outcome